



PTO/SB/30 (04-05)
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## Request For Continued Examination (RCE) Transmittal

Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Application Number	10/750,315
Filing Date	December 30, 2003
First Named Inventor	Andrew A. BERLIN
Art Unit	1634
Examiner Name	R. T. Crow
Attorney Docket Number	070702007900

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

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amendments encl	uired under 37 CFR 1.114 Note: If osed with the RCE will be entered in the wish to have any previously filed unenter	order in which they we	re filed ur	nless applica					
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.									
i. Cor	i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on								
ii. Oth	er								
b. x Enclose	d				:				
i. X Am	endment/Reply iii	i. Information I	Disclosu	re Stateme	nt (IDS)				
ii. Affi	davit(s)/Declaration(s) iv	/. Other							
2. Miscellaneous									
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a									
period o	of months. (Period of su	ispension shall not exc	eed 3 ma	inths; Fee ur	ider 37 CFR 1.17(I) required)				
b. Other									
3. Fees The RC	E fee under 37 CFR 1.17(e) is required	d by 37 CFR 1.114 w	hen the l	RCE is filed					
	ector is hereby authorized to charge rments to Deposit Account No.	03-1952	<del>e enclos</del> Transmit	ed a duplic	ate copy of this sheet. FO/SB/17) is attached to				
i. X RCI	E fee required under 37 CFR 1.17(e)	)							
ii. Exte	ension of time fee (37 CFR 1.136 and	i 1.17)							
iii. 🔲 Oth	er	B41011 - 101							
b. Check i	n the amount of \$	enclo	sed						
c. Paymer	nt by credit card (Form PTO-2038 end	closed)							
SIGNATURE OF ARPLICANT, ATTORNEY, OR AGENT REQUIRED									
Signature	Lon Bokma	~	Date	October	31, 2006				
Name (Print/Type)	Jonathan Bockman		Registra	ation No.	45,640				

11/01/2006 SZEWDIE1 00000106 031952 10750315

01 FC:1801 790.00 DA 02 FC:1201 200.00 DA 03 FC:1202 250.00 DA

PTO/SB/17 (01-06)

Under the openwork Reduction Act	of 1995, no person are re	auired to		ent and Tradem	oved for use through ark Office; U.S. DEF ion unless it displays	PARTMENT	OF COMMERCE	
17.0			respond to a collection of information unless it displays a valid OMB control number  Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 1		10/750,315			
FEE TRANSMITTAL					December 30, 2003			
For FY 2	2006				Andrew A. BERLIN			
			Examiner Name R		R. T. Crow			
Applicant claims small entity st	latus. See 37 CFR 1.27	,	Art Unit 1		1634			
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00			Attorney Docket No. 070702007900				····	
METHOD OF PAYMENT (chec	k all that apply)							
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Accou	nt Number: 03-1952 D	eposit Acc	ount Name:	Мо	rrison & Foers	ter LLP		
For the above-identified de	posit account, the Di	rector is	hereby authoriz	zed to: (ched	ck all that apply)			
x Charge fee(s) indicat	ed below		Char	ge fee(s) inc	dicated below, ex	cept for t	he filing fee	
Charge any additiona		ment of	x Cred	it any overpa	ayments			
fee(s) under 37 CFR			- 611	ba aubia	-44		-	
FEE CALCULATION (All the 1. BASIC FILING, SEARCH, AND			n filing or ma	y be subje	ct to a surcha	irge.)		
	FILING FEES		ARCH FEES	EXAMIN	ATION FEES			
	Small Entity		Small Entity	<u></u>	Small Entity	_		
Application Type Fee	<del></del>	Fee (\$		Fee (\$)	Fee (\$)	Fees	Paid (\$)	
Utility 30		500	250	200	100	•		
Design 20		100	50	130	65			
Plant 20		300	150	160	80			
Reissue 30		500	250	600	300			
Provisional 20	0 100	0	0	0	0			
2. EXCESS CLAIM FEES	4					Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Rei	ssues)					50	25	
Each independent claim over 3 (in	,					200	100	
Multiple dependent claims	,					360	180	
Total Claims Extra Claims	Fee (\$)	Fee F	Paid (\$)	M	ultiple Depende	nt Claims	- <u>i</u>	
40 -35 = 5 x 50.00 = 250.00			Fe	e (\$) <u>I</u>	Fee Paid (	<u>\$)</u>		
HP = highest number of total claims paid	for, if greater than 20.							
Indep. Claims Extra Claims	aims Extra Claims Fee (\$) Fee Paid (\$)							
54=1	× 200.00 =	20	0.00					
HP = highest number of independent clair	ns paid for, if greater than	1 3.						
3. APPLICATION SIZE FEE	1100 1	c						
If the specification and drawings listings under 37 CFR 1.52(e)							n	
sheets or fraction thereof. See					inity) for each a	Junional J	·	
Total Sheets Extra She			dditional 50 or fra		f <u>Fee (\$)</u>	<u>Fee</u>	Paid (\$)	
- 100 =	/50		(round up to a wh	hole number)	х	=		
4. OTHER FEE(S)						<u>Fees</u>	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00								
SUBMITTED BY	· /							
Signature	/		Registration No. (Attorney/Agent)	45,640	Telephone	(703) 76	0-7769	
Name (Print/Type) Jonathan Bockr	nan		V. Service J. Marry	··	Date	October 3	31, 2006	
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